

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Petition to Revoke
Probation Against:**

Tyron Cleon Reece, M.D.

Case No. 800-2016-023827

**Physician's and Surgeon's
Certificate No. A 31509**

Respondent

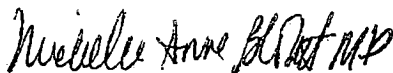
DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 3, 2017.

IT IS SO ORDERED: October 6, 2017.

MEDICAL BOARD OF CALIFORNIA



**Michelle Anne Bholat, M.D., Chair
Panel B**

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke
Probation Against:

TYRON CLEON REECE, M.D.

Physician's and Surgeon's Certificate
No. A31509,

Respondent.

Case No. 8002016023827

OAH No. 2017021015

PROPOSED DECISION

Matthew Goldsby, Administrative Law Judge with the Office of Administrative Hearings, heard this matter on July 27, 2017, at Los Angeles, California.

Chris Leong, Deputy Attorney General, appeared and represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

Respondent Tyron Cleon Reece, M.D., appeared and represented himself.

After presenting oral and documentary evidence, the parties submitted the matter for decision on July 27, 2017.

FACTUAL FINDINGS

Jurisdictional Facts

1. Complainant brought the Petition to Revoke Probation (Petition) in her official capacity.
2. Respondent timely submitted a Notice of Defense.

Disciplinary History and Terms of Probation

3. On September 1, 1977, the Board issued Physician's and Surgeon's Certificate number A31509 to respondent. Respondent's certificate is valid and is scheduled to expire on October 31, 2017.

4. On November 14, 2013, complainant brought an Accusation against respondent, pleading causes for discipline based on the conviction of a substantially related crime, the commission of acts involving dishonesty or corruption, the excessive prescription of controlled substances, the receipt of rebates for patient referrals, the violation of drug statutes, and general unprofessional conduct. Specifically, the Accusation alleged that respondent wrote prescriptions for controlled substances for money without seeing patients, and that he was convicted in the United States District Court, Southern District of California, for conspiring to distribute controlled substances in violation of Title 21, United States Code section 841(e).

5. On October 7, 2014, respondent and his attorney executed a Stipulated Settlement and Disciplinary Order (Stipulated Order), prepared by complainant's attorney, whereby respondent admitted the truth of the allegations of the Accusation and waived his right to a hearing on the charges and allegations in the Accusation.

6. Effective December 24, 2014, the Board adopted the Stipulated Order and revoked respondent's Physician's and Surgeon's Certificate by its Decision and Order dated November 24, 2014 (Decision and Order). The revocation was stayed, respondent's license was suspended for 90 days, and respondent was placed on probation for seven years on terms and conditions, including the following pertinent orders:

(A) Condition 3 of the Decision and Order required respondent to submit to the Board for its prior approval educational programs or courses of no less than 40 hours per year for each year of probation. The educational programs or courses were required to be at respondent's expense and were to be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Respondent was required to provide proof of 65 hours of CME attendance, of which 40 hours were to be in satisfaction of Condition 3.

(B) Condition 6 of the Decision and Order required respondent to undergo and complete a psychiatric evaluation by a Board-appointed psychiatrist. Respondent was ordered "[to] pay the cost of all psychiatric evaluations and psychological testing." (Ex. 5.)

(C) Condition 7 of the Decision and Order required respondent to undergo a medical evaluation by a Board-appointed physician. Respondent was ordered "[to] pay the cost of the medical evaluation(s) and treatment." (Ex. 5.)

(D) Condition 8 of the Decision and Order is entitled "MONITORING – PRACTICE/BILLING" and required respondent to participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education program at the University of California, San Diego School of Medicine (PACE), including,

at minimum, quarterly chart review, semiannual practice assessment, and semiannual review of professional growth and education.¹ Respondent was ordered to participate in the professional enhancement program at his own expense during the term of probation.

(E) Condition 9 of the Decision and Order prohibited respondent from prescribing any controlled substances and required respondent to notify all patients of the prohibition. Condition 9 expressly provided, “Respondent shall maintain a log of all patients to whom the required oral notification was made... and keep this log in a separate file or ledger, in chronological order, [and] shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain log for the entire term of probation.”

(F) Condition 11 of the Decision and Order prohibited respondent from supervising physician assistants during the term of probation.

(G) Condition 20 of the Decision and Order required respondent to pay the costs associated with probation monitoring each and every year of probation by January 31 of each calendar year.

7. Condition 17 of Decision and Order expressly states: “Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation.” (Ex. 5, attachment 2.) Respondent’s estimated completion date of probation is December 24, 2021. Therefore, respondent must comply with all financial obligations not later than August 26, 2021.

8. Condition 18 of Decision and Order expressly states: “Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed.” (Ex. 5, attachment 2.)

Compliance with the Terms of Probation

9. On January 20, 2015, respondent completed the psychiatric evaluation required by Condition 6 of the Decision and Order. In a letter dated February 27, 2015, respondent was informed that the evaluator found him safe to practice medicine, subject to a further neuropsychological evaluation, psychotherapy, and treatment with a Board internist or family practitioner. The cost of the evaluation was \$2,400.

¹ The Board has published a Manual of Model Disciplinary Orders and Disciplinary Guidelines, 12th Edition, 2016 (Board Guidelines), which provide model terms for MONITORING – PRACTICE/BILLING. The model terms include lengthy provisions for the designation of a practice monitor. As an alternative, the model terms provide for participation in a professional enhancement program at the election of the licensee. The Decision and Order omits these elective provisions, mandating enrollment in a professional enhancement program, without any explanation for the deviation from the model terms.

10. On February 29, 2015, after completing the medical evaluation required by Condition 7 of the Decision and Order, respondent was notified that the evaluator found him medically safe to practice medicine, subject to designating a primary care physician for periodic monitoring of hypertension, immunizations, cancer screening, and prescribing medication. Respondent designated Dr. Steven Clark as his primary care physician. The cost of the evaluation was \$949.

11. On October 27, 2015, after completing the neuropsychological evaluation recommended by the psychiatric evaluator, respondent was informed that the evaluator found him safe to practice medicine, subject to ongoing psychotherapy. The cost of the neuropsychological evaluation was \$2,937.50.

12. To comply with Condition 8 of the Decision and Order, respondent timely enrolled in the Physician Enhancement Program (PEP) at PACE. On July 1, 2015, PACE sent respondent an invoice in the amount of \$2,125 for the July 2015 quarterly period.

13. By the date of the hearing, respondent was in compliance with all educational course requirements imposed by Condition 3 of the Decision and Order. By recently completing over 40 hours of continuing education courses, respondent now has a total of 191 credits. He otherwise satisfied Condition 4 of the Decision and Order by attending a prescribing practices course on October 26-28, 2015.

14. Respondent has not prescribed controlled substances, in compliance with Condition 9 of the Decision and Order. Respondent informed his probation monitor that “he did not obtain a DEA certificate, and that his office turns away any potential patient inquiring about controlled substances.” (Ex 5, attachment K, p. 3.)

15. Respondent has regularly met with his probation monitor as directed. The cost of probation monitoring was \$4,106 in 2015 and \$3,667 in 2016.

Allegations of Noncompliance with the Terms of Probation

16. The evidence shows that respondent’s current financial obligation to the Board is \$14,059.50, including reimbursement for the costs of the above-described psychiatric, medical, and neuropsychological evaluations, and for probation monitoring costs. (Factual Findings 9-11 and 15.) Respondent has not yet paid any of these costs.

17. Conditions 6 and 7 of the Decision and Order require respondent to pay the costs of the ordered evaluations, but do not specify when the financial obligations are due and payable. Condition 17 provides that “all financial obligations” must be satisfied on or before August 26, 2021. (Factual Finding 7.) Complainant has failed to establish by a

preponderance of the evidence that respondent's failure to pay these costs by the date of the hearing constitutes a violation of probation.²

18. Respondent failed to pay the costs of probation monitoring by January 31 of each calendar year as required by Condition 20 of the Decision and Order. Although Condition 17 specifically refers to probation costs in setting a general deadline for satisfaction of all financial obligations, Condition 20 is more specific. Moreover, on March 29, 2017, respondent executed an agreement to pay the 2016 probation monitoring costs in two quarterly payments on August 1, 2017 and November 1, 2017. (Ex. A.) By stipulating to an extension of the 2016 probation monitoring costs, respondent implicitly conceded that probation costs are due by January 31 of each year. Accordingly, complainant has proven by a preponderance of the evidence that the failure to pay the 2015 probation monitoring costs is a violation of probation.

19. On September 14, 2015, PACE suspended respondent from PEP because he failed to pay the amount due for the July 2015 quarterly period. In November 2016, respondent paid PACE \$3,875. He was reinstated by PACE only to be suspended again. The suspensions have caused respondent to violate Condition 8 of the Decision and Order because he has been unable to participate in a professional enhancement program with quarterly chart review, semiannual practice assessment, and semiannual review of professional growth and education.

20. Respondent has inserted the following notice in the file of all of his patients: "ATTENTION ALL PATIENTS: THIS OFFICE DOES NOT PRESCRIBE ANY SCHEDULED MEDICATION. SO PLEASE DO NOT REQUEST FOR THESE KINDS OF MEDICATIONS." (Ex. E.) Respondent explained to the Board, "Any potential patient is informed prior to signing in that we do not prescribe any Scheduled (narcotic) medication. We therefore have no need for log of patients requesting these kinds of medications." (Ex. 5, attachment M.) However, Condition 9 requires notification to "all patients being treated" by respondent, regardless of a patient's demand or need for controlled substances. The implied purpose of the log is to document when and to whom the notification was given, regardless of the administration of controlled substances to the patients who receive the notification. By failing to establish and keep a log with the information described at Condition 9 of the Decision and Order, respondent has violated the terms of probation. (Ex. 5.)

² Complainant has the burden of proving that probation revocation is warranted by a preponderance of the evidence. "While the board is required to prove the allegations in an accusation by clear and convincing evidence, it is only required to prove the allegations in a petition to revoke probation by a preponderance of the evidence." (*Sandarg v. Dental Bd. of California* (2010) 184 Cal.App.4th 1434, 1441; see also Evid. Code, § 115.)

Respondent's Evidence of Financial Hardship

21. Respondent is a veteran of the Vietnam War, and was recognized for having an "honorable" character of service and released from active duty on September 7, 1969. (Ex. G.) Since then, he has suffered from Post-Traumatic Stress Disorder (PTSD), as documented by the Chief of PTSD Services at the West Los Angeles Veterans Administration Medical Center. In 1991, following the dissolution of a "short and stormy marriage" and the onset of Operation Desert Storm, respondent suffered "a deep, recurring depression which . . . left him unable to work, homeless and mentally shattered." (Ex. G.) By 1993, respondent had reinstated his license and, in 1995, he resumed working as a sole practitioner in South Central Los Angeles. In 2000, a fire in his building destroyed all of his records and equipment. Respondent lost his clientele and struggled to rebuild his practice. He began prescribing excessive medication "because [he] was really struggling to keep . . . afloat." (Ex. G.) He was subsequently arrested, indicted, and convicted of the substantially related crime described at Factual Finding 4.

22. Respondent's daughter entered medical school at the time his license was suspended. In addition, respondent's elderly mother was in declining health during the first two years of respondent's probation, imposing further financial demands on respondent. In February 2017, respondent's mother died. As a result, respondent stands to receive funds from the sale of her house and to gain financial relief from the expenses relating to cross-country travel to oversee her care needs.

23. Respondent is in the process of paying the arrearage on the PACE program. Respondent testified that he anticipates being able to cure all financial obligations to the Board in 60 days.

24. Respondent has experienced financial hardship in paying the costs imposed by the Decision and Order. He currently performs disability evaluations, with gross monthly earnings of approximately \$12,000. His office expenses are approximately \$5,500 per month. He currently lives in a motel room, costing \$400 per week. The bank statement that respondent presented as proof of payment to PACE in November 2016 reflects a closing balance of \$626.33. (Ex. D.)

LEGAL CONCLUSIONS

1. The Medical Practice Act governs the rights and responsibilities of the holder of a physician's and surgeon's certificate. (Bus. & Prof. Code, §§ 2000 et seq.) The state's obligation and power to regulate the professional conduct of its health practitioners is well settled. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564; *Fuller v. Board of Medical Examiners* (1936) 14 Cal.App.2d 732.) The purpose of a disciplinary action is not to punish, but to protect the public. (*Watson v. Superior Court* (2009) 176 Cal.App.4th 1407, 1416.) Protection of the public is the highest priority for the Board in exercising its

disciplinary authority and is paramount over other interests in conflict with that objective. (Bus. & Prof. Code, § 2001.1.)

2. A licensee who has been found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the cost of probation monitoring, or such other action taken in relation to discipline as the Board or administrative law judge deems proper. (Bus. & Prof. Code, § 2227.)

3. An administrative law judge of the Medical Quality Hearing Panel is mandated, wherever possible, to take action that is calculated to aid in the rehabilitation of the licensee, or where, due to a lack of continuing education or other reasons, restriction on scope of practice is indicated, to order restrictions as are indicated by the evidence. (Bus. & Prof. Code, § 2229, subd. (b).)

4. Respondent previously admitted that cause was established to revoke his license, and stipulated to reasonable terms and conditions of probation. The Decision and Order expressly provided that, if respondent violated the conditions of probation, the Board may set aside the stay order and impose the stayed discipline of respondent's license.

5. In spite of the opportunity to retain his license, respondent failed to participate in a professional enhancement program as required by Condition 8 of the Decision and Order, he failed to maintain a log as required by Condition 9 of the Decision and Order, and he failed to pay the 2015 probation monitoring costs as required by Condition 20 of the Decision and Order.

6. Accordingly, cause exists to grant the Petition and revoke probation. However, under the circumstances, it is possible to take action that is calculated to aid in respondent's rehabilitation. Specifically, in light of the change in circumstance resulting from the death of his mother and his efforts to cure the arrearages owed to PACE, allowing respondent additional time to restore his enrollment status at PACE will aid in his rehabilitation. Moreover, the Decision and Order omitted for unstated reasons other acceptable provisions in the Board Guidelines that may have been less financially burdensome. Respondent has credibly demonstrated that his failure to pay the costs of enrollment is based on a bona fide financial hardship, not on an unwillingness to comply with the Decision and Order. Also, respondent's documented medical condition of PTSD warrants reasonable accommodation by the grant of additional time.

7. In spite of having regularly met with his probation monitor, respondent credibly testified that he believed in good faith that a log was not required if he rejected any patient requesting controlled substances. The log is an administrative mechanism to facilitate the Board's oversight and verification that notification was given to patients, but public protection is primarily achieved by the actual notification to patients, which respondent has done. Allowing respondent additional time to establish a notification log will aid in his continuing rehabilitation.

8. Pursuant to the Board Guidelines, the minimum penalty for violations of probation is a 30 day suspension, and the maximum penalty is revocation. Respondent has not engaged in repeated similar offenses and his violations do not reveal a cavalier or recalcitrant attitude. On the contrary, respondent has demonstrated compliance in substantive respects, completing required educational courses and undergoing psychological and medical evaluations to assess his fitness to practice. To revoke respondent's license based on administrative deficiencies and financial obstacles would be unduly punitive under the circumstances. If respondent is able to promptly correct all probation violations and satisfy outstanding financial obligations to the Board, even the minimum penalty may be excessive. Accordingly, respondent's certificate will be suspended for 30 days, unless he demonstrates compliance with Conditions 8 and 9, and pays the Board the sum of \$10,392.50,³ within 60 days of the effective date of this Decision.

9. Although not technically a violation of probation in this case, respondent's financial difficulty in promptly paying or reimbursing the Board is nonetheless cause for concern. Respondent's financial instability in 2006 influenced his active participation in a crime substantially related to his duties and responsibilities as a physician and surgeon. Accordingly, his financial struggles during the first two years of probation give rise to a risk of recurrence. Extending the term of respondent's probation for an additional two years is warranted to enable the Board to oversee respondent's continuing rehabilitation and to protect the public.

10. Except as otherwise ordered by this Decision, the Decision and Order will remain in full force and effect.

ORDER

1. The Petition is granted. Physician's and Surgeon's Certificate number A31509 issued to respondent Tyron Cleon Reece is suspended for 30 days, to commence 60 days after the effective date of this Decision.

2. Alternatively, in lieu of license suspension, respondent may elect to satisfy the following conditions within 60 days of the effective date of this Decision:

(A) Pay the Board the sum of \$10,392.50 as reimbursement for the costs of the above-described psychiatric, medical, and neuropsychological evaluations, and in payment of the costs of probation monitoring for 2015;

(B) Provide proof to the Board that respondent is actively enrolled in PEP at PACE as required by Condition 8 of the Decision and Order;

³ Because respondent and the Board have agreed to payment of the 2016 probation monitoring costs in quarterly installments, the sum of \$3,667 is excluded from this amount.

(C) Provide proof to the Board that respondent has established a log containing the data required by Condition 9 of the Decision and Order.

3. The term of probation is extended for two years and is now scheduled to expire on December 24, 2023.

4. Except as otherwise ordered by this Decision, the stay order and all probationary terms and conditions of the Decision and Order shall remain in full force and effect.

DATED: August 22, 2017

DocuSigned by:

Matthew Goldsby

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MATTHEW GOLDSBY
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation
Against:

TYRONE CLEON REECE, M.D.

1550 N. D Street, Ste. D
San Bernardino, California 92405-4720

Physician's and Surgeon's Certificate A 31509,

Respondent.

Case No. 8002016023827

PETITION TO REVOKE PROBATION

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Director of the Medical Board of California (Board).
2. On September 1, 1977, the Board issued Physician's and Surgeon's Certificate number A 31509 to Tyrone Cleon Reece, M.D. (Respondent). That license was in effect at all times relevant to the charges brought herein and will expire on October 31, 2017, unless renewed.
3. On November 24, 2014, in a disciplinary action entitled *In the Matter of Accusation Against Tyrone Cleon Reece, M.D.*, Medical Board Case No. 11-2010-211926, the Board issued a Decision effective December 24, 2014, in which Respondent's Physician and Surgeon's

1 Certificate was revoked. However, the revocation was stayed and Respondent's Certificate was
2 placed on probation for a period of seven (7) years with certain terms and conditions. A copy of
3 that Decision is attached as Exhibit A and is incorporated by reference.

4 JURISDICTION

5 4. This Petition to Revoke Probation is brought before the Board under the authority of
6 the following provisions of the California Business and Professions Code (Code) unless otherwise
7 indicated.

8 5. Section 2227 of the Code provides that a licensee who is found guilty under the
9 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
10 one year, placed on probation and required to pay the costs of probation monitoring, or such other
11 action taken in relation to discipline as the Board deems proper.

12 6. Section 822 of the Code provides:

13 "If a licensing agency determines that its licentiate's ability to practice his or her
14 profession safely is impaired because the licentiate is mentally ill, or physically ill affecting
15 competency, the licensing agency may take action by any one of the following methods:

16 "(a) Revoking the licentiate's certificate or license.

17 "(b) Suspending the licentiate's right to practice.

18 "(c) Placing the licentiate on probation.

19 "(d) Taking such other action in relation to the licentiate as the licensing agency in its
20 discretion deems proper. The licensing agency shall not reinstate a revoked or suspended
21 certificate or license until it has received competent evidence of the absence or control of
22 the condition which caused its action and until it is satisfied that with due regard for the
23 public health and safety the person's right to practice his or her profession may be safely
24 reinstated."

25 7. Section 824 of the Code provides:

26 "The licensing agency may proceed against a licentiate under either Section 820, or
27 822, or under both sections."

28 ///

1 FIRST CAUSE TO REVOKE PROBATION

2 (Education Course)

3 8. Condition 3 of the Board's Decision and Order *In the Matter of Accusation Against*
4 *Tyron Cleon Reece, M.D.*," Case No. 11-2010-211926, which became effective on December 24,
5 2014, states:

6 " EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision,
7 and on an annual basis thereafter, Respondent shall submit to the Board or its designee for
8 its prior approval educational program(s) or course(s) which shall not be less than 40
9 hours per year, for each year of probation. The educational program(s) or course(s) shall
10 be aimed at correcting any areas of deficient practice or knowledge and shall be Category
11 I certified. The educational program(s) or course(s) shall be at Respondent's expense and
12 shall be in addition to the Continuing Medical Education (CME) requirements for renewal
13 of licensure. Following the completion of each course, the Board or its designee may
14 administer an examination to test Respondent's knowledge of the course. Respondent
15 shall provide proof of attendance for 65 hours of CME of which 40 hours were in
16 satisfaction of this condition."

17 9. Respondent's probation is subject to revocation because he failed to comply with
18 Probation Condition 3, referenced above, in that he failed to successfully complete the education
19 courses. The facts and circumstances regarding this violation are as follows: he failed to provide
20 sixty-five (65) Continuing Medical Education (CME) hours to the Board by December 24, 2015.
21 He provided forty-six (46) . Also on November 3, 2015, the Board sent Respondent a letter
22 informing him that at that time he needed to provide thirty-eight (38) CME hours to comply with
23 this condition.

24 SECOND CAUSE TO REVOKE PROBATION

25 (Failure to Participate in a Professional Enhancement Program)

26 10. Condition 8 of the Board's Decision and Order *In the Matter of Accusation Against*
27 *Tyron Cleon Reece, M.D.*," Case No. 11-2010-211926, which became effective on December 24,
28 2014, states:

1 "MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of
2 this Decision, Respondent shall participate in a professional enhancement program
3 equivalent to the one offered by the Physician Assessment and Clinical Education Program
4 at the University of California, San Diego School of Medicine, that includes, at minimum,
5 quarterly chart review, semi-annual practice assessment, and semi-annual review of
6 professional growth and education. Respondent shall participate in the professional
7 enhancement program at Respondent's expense during the term of probation."

8 11. Respondent's probation is subject to revocation because he failed to comply with
9 Probation Condition 8, referenced above, in that he failed to successfully complete the
10 Professional Enhancement Program (PEP). The facts and circumstances regarding this violation
11 are as follows: On September 14, 2015, the Board received an e-mail from N.F.,¹ Director at
12 Physician Assessment and Clinical Education Program (PACE). In this email was an attached
13 letter stating that Respondent had been suspended from participation in the PEP program until
14 payment of \$2,125 for the month of July 2015 Quarterly Period was paid in full. As of today,
15 Respondent has failed to provide proof of this payment.

16 THIRD CAUSE TO REVOKE PROBATION

17 (Failure to Notify Patients of Prohibited Practice)

18 12. Condition 9 of the Board's Decision and Order *In the Matter of Accusation Against*
19 *Tyron Cleon Reece, M.D.,*" Case No. 11-2010-211926, which became effective on December 24,
20 2014, states:

21 "PROHIBITED PRACTICE. During probation, Respondent is prohibited from prescribing
22 any controlled substances. After the effective date of this Decision, all patients being
23 treated by the Respondent shall be notified that the Respondent is prohibited from
24 prescribing any controlled substances. Any new patients must be provided this notification
25 at the time of their initial appointment.

26 Respondent shall maintain a log of all patients to whom the required oral notification was

27 _____
28 ¹ The names are redacted to initials for privacy.

1 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
2 medical record number, if available; 3) the full name of the person making the notification;
3 4) the date the notification was made; and 5) a description of the notification given.

4 Respondent shall keep this log in a separate file or ledger, in chronological order, shall
5 make the log available for immediate inspection and copying on the premises at all times
6 during business hours by the Board or its designee, and shall retain the log for the entire
7 term of probation."

8 13. Respondent's probation is subject to revocation because he failed to comply with
9 Probation Condition 9, referenced above, in that he failed to notify his patients of his practice
10 restrictions. The facts and circumstances regarding this violation are as follows. In Probation
11 Quarterly Report Quarter 2, April 2016 – June 2016, page 3 of 4 states:

12 "I inquired with [Respondent] pursuant to Condition #9 – Prohibited Practice, that he [was]
13 prohibited from prescribing any controlled substances, and that he [was] required to notify
14 all treating patients that he is prohibited from prescribing any controlled substances, and any
15 new patients must provide this notification at the time of their initial appointment.

16 [Respondent] stated that he did not obtain a DEA certificate, and that his office turns away
17 any potential patient inquiring about controlled substances. Therefore no log is kept. [The
18 Board] requested [that] [Respondent] provide ... something in writing..."

19 Respondent sent a letter dated April 8, 2016, stating that he has no log because he does not
20 prescribe controlled substances. However, as of today, Respondent has failed to provide proof of
21 this notification to all treating patients, that he is prohibited from prescribing any controlled
22 substances, and any new patients must be provided this notification at the time of their initial
23 appointment.

24 FOURTH CAUSE TO REVOKE PROBATION

25 (Failure to Pay the Cost of Psychiatric Evaluation)

26 14. Condition 6 of the Board's Decision and Order *In the Matter of Accusation Against*
27 *Tyron Cleon Reece, M.D.*," Case No. 11-2010-211926, which became effective on December 24,
28 2014, states:

1 “PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of this
2 Decision, and on whatever periodic basis thereafter may be required by the Board or its
3 designee, Respondent shall undergo and complete a psychiatric evaluation (and
4 psychological testing, if deemed necessary) by a Board-appointed board certified
5 psychiatrist, who shall consider any information provided by the Board or designee and any
6 other information the psychiatrist deems relevant, and shall furnish a written evaluation
7 report to the Board or its designee. Psychiatric evaluations conducted prior to the effective
8 date of the Decision shall not be accepted towards the fulfillment of this requirement.
9 Respondent shall pay the cost of all psychiatric evaluations and psychological testing.
10 Respondent shall comply with all restrictions or conditions recommended by the evaluating
11 psychiatrist within 15 calendar days after being notified by the Board or its designee.”

12 15. Respondent’s probation is subject to revocation because he failed to comply with
13 Probation Condition 6, referenced above, in that he failed to pay the cost of the medical
14 evaluation. The facts and circumstances regarding this violation are as follows.

15 A. In Probation Quarterly Report Quarter April 2016 – June 2016 page 3 of 4
16 states: “ [Respondent] was also informed of his outstanding cost of the following: ...Medical
17 evaluation \$2,400.00.” To date, Respondent has not paid this cost for the psychiatric evaluation.

18 B. On November 3, 2015, the Board sent a letter to Respondent that stated as
19 follows:

20 “The Medical Board of California has received the results from the Neuropsychological
21 Evaluation you participated in as required by the Board’s Decision. The evaluator has
22 found that you are safe to practice medicine with the following recommendations:...
23 In addition, the Board’s decision requires that the cost of this evaluation are to be paid by
24 you. The fee for the Neuropsychological Evaluation is \$2,937.50.” To date, Respondent
25 has not paid this cost for the neuropsychiatric evaluation.

26 FIFTH CAUSE TO REVOKE PROBATION

27 (Failure to Pay Cost of Medical Evaluation)

28 16. Condition 7 of the Board’s Decision and Order *In the Matter of Accusation Against*

1 *Tyron Cleon Reece, M.D.,"* Case No. 11-2010-211926, which became effective on December 24,
2 2014, states:

3 "MEDICAL EVALUATION AND TREATMENT. Within 30 calendar days of the
4 effective date of this Decision, and on a periodic basis thereafter as may be required by the
5 Board or its designee, Respondent shall undergo a medical evaluation by a Board-appointed
6 physician who shall consider any information provided by the Board or designee and any
7 other information the evaluating physician deems relevant and shall furnish a medical
8 report to the Board or its designee. Respondent shall provide the evaluating physician any
9 information and documentation that the evaluating physician may deem pertinent.

10 Following the evaluation, Respondent shall comply with all restrictions or conditions
11 recommended by the evaluating physician within 15 calendar days after being notified by
12 the Board or its designee. If Respondent is required by the Board or its designee to
13 undergo medical treatment, Respondent shall within 30 calendar days of the requirement
14 notice, submit to the Board or its designee for prior approval the name and qualifications of
15 a California licensed treating physician of Respondent's choice. Upon approval of the
16 treating physician, Respondent shall within 15 calendar days undertake medical treatment
17 and shall continue such treatment until further notice from the Board or its designee.

18 The treating physician shall consider any information provided by the Board or its
19 designee or any other information the treating physician may deem pertinent prior to
20 commencement of treatment. Respondent shall have the treating physician submit
21 quarterly reports to the Board or its designee indicating whether or not the Respondent is
22 capable of practicing medicine safely. Respondent shall provide the Board or its designee
23 with any and all medical records pertaining to treatment, the Board or its designee deems
24 necessary.

25 If, prior to the completion of probation, Respondent is found to be physically
26 incapable of resuming the practice of medicine without restrictions, the Board shall retain
27 continuing jurisdiction over Respondent's license and the period of probation shall be
28 extended until the Board determines that Respondent is physically capable of resuming the

1 practice of medicine without restrictions. Respondent shall pay the cost of the medical
2 evaluation(s) and treatment.”

3 17. Respondent’s probation is subject to revocation because he failed to comply with
4 Probation Condition 7, referenced above, in that he failed to pay the cost of the medical
5 evaluation. The facts and circumstances regarding this violation are as follows. In Probation
6 Quarterly Report Quarter April 2016 – June 2016 page 3 of 4 states: “[Respondent] was also
7 informed of his outstanding cost of the following: ...Medical evaluation \$949.00.” To date,
8 Respondent has not paid this cost for the medical evaluation.

9 SIXTH CAUSE TO REVOKE PROBATION

10 (Failure to Pay Probation Monetary Cost)

11 18. Condition 20 of the Board’s Decision and Order *In the Matter of Accusation Against*
12 *Tyron Cleon Reece, M.D.*," Case No. 11-2010-211926, which became effective on December 24,
13 2014, states:

14 “PROBATION MONITORING COSTS. Respondent shall pay the costs associated with
15 probation monitoring each and every year of probation, as designated by the Board, which
16 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
17 California and delivered to the Board or its designee no later than January 31 of each
18 calendar year.”

19 19. Respondent’s probation is subject to revocation because he failed to comply with
20 Probation Condition 20, referenced above, in that he failed to pay probation monitoring costs.
21 The facts and circumstances regarding this violation are as follows. In Probation Quarterly
22 Report Quarter April 2016 – June 2016 page 3 of 4 states: “I informed [Respondent] of his 2015
23 probation monitoring cost of \$4,106.00, which were due January 31, 2016...” To date,
24 Respondent has not paid this cost for the probation monitoring.

25 DISCIPLINE CONSIDERATIONS

26 20. To determine the degree of discipline, if any, to be imposed on Respondent,
27 Complainant alleges that effective on or about December 24, 2014, in a prior disciplinary action
28 entitled *In the Matter of the Accusation Against Tyron Cleon Reece, M.D.* before the Medical

1 Board of California," in Case No. 11-2010-211926, Respondent's license was revoked, the
2 revocation was stayed and Respondent was place on seven (7) years probation with terms and
3 conditions for conviction of a crime, commission of acts involving dishonesty or corruption,
4 excessive prescribing, rebates for patient referrals, violation of drug statutes, and general
5 unprofessional conduct. That decision is now final and is incorporated by reference as if fully set
6 forth.

7 PRAYER

8 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
9 and that following the hearing, the Medical Board of California issue a decision:

10 1. Revoking the probation that was granted by the Medical Board of California in Case
11 No. 11-2010-211926 and imposing the disciplinary order that was stayed thereby revoking
12 Physician's and Surgeon's Certificate No. A 31509 issued to Tyron Cleon Reece, M.D.;

13 2. Revoking or suspending Physician's and Surgeon's Certificate No. A 31509 issued
14 to Tyron Cleon Reece, M.D.;

15 3. Revoking, suspending or denying approval of his authority to supervise physician
16 assistants, pursuant to section 3527 of the Code;

17 4. If placed on probation, ordering him to pay the Medical Board of California the costs
18 of probation monitoring; and

19 5. Taking such other and further action as deemed necessary and proper.

20
21 DATED: October 24, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:))	
)	
TYRON CLEON REECE, M.D.))	Case No. 11-2010-211926
)	
Physician's and Surgeon's))	
Certificate No. A 31509))	
)	
Respondent))	
_____))	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 24, 2014.

IT IS SO ORDERED: November 24, 2014.

MEDICAL BOARD OF CALIFORNIA

By: Dev Gnanadev MD
Dev Gnanadev, M.D., Chair
Panel B

1 KAMALA D. HARRIS
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CHRIS LEONG
Deputy Attorney General
4 State Bar No. 141079
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-2575
Facsimile: (213) 897-9395
7 E-mail: chris.leong@doj.ca.gov
Attorneys for Complainant

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 11-2010-211926

12 **TYRON C. REECE, M.D.**
13 **321 E. Hillcrest Blvd.**
Inglewood, CA 90301

OAH No. 2014020139

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

14 **Physician's and Surgeon's Certificate No.**
15 **A 31509**

Respondent.

16
17 In the interest of a prompt and speedy settlement of this matter, consistent with the public
18 interest and the responsibility of the Medical Board of California of the Department of Consumer
19 Affairs (Board), the parties hereby agree to the following Stipulated Settlement and Disciplinary
20 Order which will be submitted to the Board for approval and adoption as the final disposition of
21 the Accusation.

22 **PARTIES**

23 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Board. She
24 brought this action solely in her official capacity and is represented in this matter by Kamala D.
25 Harris, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

26 2. Respondent TYRON C. REECE, M.D. ("Respondent") is represented in this
27 proceeding by attorney Duane R. Folke, Esq., whose address is: 3450 Wilshire Boulevard, Suite
28 108-17, Los Angeles, CA 90010-2208.

3. On or about September 1, 1977, the Board issued Physician's and Surgeon's Certificate No. A 31509 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 11-2010-211926 and will expire on October 31, 2015, unless renewed.

JURISDICTION

4. Accusation No. 11-2010-211926 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 14, 2013. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 11-2010-211926 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 11-2010-211926. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in the First Cause for Discipline in Accusation No. 11-2010-211926.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

11. Respondent agrees that if he ever petitions for early termination of probation or modification of probation, or if the board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 11-2010-211926 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 31509 issued to Respondent TYRON C. REECE, M.D. (Respondent) is revoked. However, the revocation is

1 stayed and Respondent is placed on probation for seven (7) years on the following terms and
2 conditions.

3 1. ACTUAL SUSPENSION. As part of probation, Respondent is suspended from the
4 practice of medicine for ninety (90 days) beginning the sixteenth (16th) day after the effective
5 date of this decision.

6 2. COMMUNITY SERVICE - FREE SERVICES. Within 60 calendar days of the
7 effective date of this Decision, Respondent shall submit to the Board or its designee for prior
8 approval a community service plan in which Respondent shall within the first 2 years of
9 probation, provide 100 hours of free services (e.g., medical or nonmedical) to a community or
10 non-profit organization. If the term of probation is designated for 2 years or less, the community
11 service hours must be completed not later than 6 months prior to the completion of probation.

12 Prior to engaging in any community service Respondent shall provide a true copy of the
13 Decision(s) to the chief of staff, director, office manager, program manager, officer, or the chief
14 executive officer at every community or non-profit organization where Respondent provides
15 community service and shall submit proof of compliance to the Board or its designee within 15
16 calendar days. This condition shall also apply to any change(s) in community service.

17 Community service performed prior to the effective date of the Decision shall not be
18 accepted in fulfillment of this condition.

19 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
20 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
21 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
22 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
23 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
24 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
25 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
26 completion of each course, the Board or its designee may administer an examination to test
27 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
28 hours of CME of which 40 hours were in satisfaction of this condition.

1 4. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective
2 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
3 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
4 University of California, San Diego School of Medicine (Program), approved in advance by the
5 Board or its designee. Respondent shall provide the program with any information and documents
6 that the Program may deem pertinent. Respondent shall participate in and successfully complete
7 the classroom component of the course not later than six (6) months after Respondent's initial
8 enrollment. Respondent shall successfully complete any other component of the course within
9 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense
10 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
11 licensure.

12 A prescribing practices course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
21 the effective date of this Decision, Respondent shall enroll in a professionalism program that
22 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.
23 Respondent shall participate in and successfully complete that program. Respondent shall
24 provide any information and documents that the program may deem pertinent. Respondent shall
25 successfully complete the classroom component of the program not later than six (6) months after
26 Respondent's initial enrollment, and the longitudinal component of the program not later than the
27 time specified by the program, but no later than one (1) year after attending the classroom
28 component. The professionalism program shall be at Respondent's expense and shall be in

1 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

2 A professionalism program taken after the acts that gave rise to the charges in the
3 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
4 or its designee, be accepted towards the fulfillment of this condition if the program would have
5 been approved by the Board or its designee had the program been taken after the effective date of
6 this Decision.

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the program or not later
9 than 15 calendar days after the effective date of the Decision, whichever is later.

10 6. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of
11 this Decision, and on whatever periodic basis thereafter may be required by the Board or its
12 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological
13 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall
14 consider any information provided by the Board or designee and any other information the
15 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
16 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
17 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
18 psychiatric evaluations and psychological testing.

19 Respondent shall comply with all restrictions or conditions recommended by the evaluating
20 psychiatrist within 15 calendar days after being notified by the Board or its designee.

21 7. MEDICAL EVALUATION AND TREATMENT. Within 30 calendar days of the
22 effective date of this Decision, and on a periodic basis thereafter as may be required by the Board
23 or its designee, Respondent shall undergo a medical evaluation by a Board-appointed physician
24 who shall consider any information provided by the Board or designee and any other information
25 the evaluating physician deems relevant and shall furnish a medical report to the Board or its
26 designee. Respondent shall provide the evaluating physician any information and documentation
27 that the evaluating physician may deem pertinent.

28 Following the evaluation, Respondent shall comply with all restrictions or conditions

1 recommended by the evaluating physician within 15 calendar days after being notified by the
2 Board or its designee. If Respondent is required by the Board or its designee to undergo medical
3 treatment, Respondent shall within 30 calendar days of the requirement notice, submit to the
4 Board or its designee for prior approval the name and qualifications of a California licensed
5 treating physician of Respondent's choice. Upon approval of the treating physician, Respondent
6 shall within 15 calendar days undertake medical treatment and shall continue such treatment until
7 further notice from the Board or its designee.

8 The treating physician shall consider any information provided by the Board or its designee
9 or any other information the treating physician may deem pertinent prior to commencement of
10 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or
11 its designee indicating whether or not the Respondent is capable of practicing medicine safely.
12 Respondent shall provide the Board or its designee with any and all medical records pertaining to
13 treatment, the Board or its designee deems necessary.

14 If, prior to the completion of probation, Respondent is found to be physically incapable of
15 resuming the practice of medicine without restrictions, the Board shall retain continuing
16 jurisdiction over Respondent's license and the period of probation shall be extended until the
17 Board determines that Respondent is physically capable of resuming the practice of medicine
18 without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

19 8. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
20 date of this Decision, Respondent shall participate in a professional enhancement program
21 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
22 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
23 chart review, semi-annual practice assessment, and semi-annual review of professional growth
24 and education. Respondent shall participate in the professional enhancement program at
25 Respondent's expense during the term of probation.

26 9. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
27 prescribing any controlled substances. After the effective date of this Decision, all patients being
28 treated by the Respondent shall be notified that the Respondent is prohibited from prescribing any

1 controlled substances. Any new patients must be provided this notification at the time of their
2 initial appointment.

3 Respondent shall maintain a log of all patients to whom the required oral notification was
4 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
5 medical record number, if available; 3) the full name of the person making the notification; 4) the
6 date the notification was made; and 5) a description of the notification given. Respondent shall
7 keep this log in a separate file or ledger, in chronological order, shall make the log available for
8 immediate inspection and copying on the premises at all times during business hours by the Board
9 or its designee, and shall retain the log for the entire term of probation.

10 10. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
12 Chief Executive Officer at every hospital where privileges or membership are extended to
13 Respondent, at any other facility where Respondent engages in the practice of medicine,
14 including all physician and locum tenens registries or other similar agencies, and to the Chief
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
17 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 11. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
20 prohibited from supervising physician assistants.

21 12. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
22 governing the practice of medicine in California and remain in full compliance with any court
23 ordered criminal probation, payments, and other orders.

24 13. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
25 under penalty of perjury on forms provided by the Board, stating whether there has been
26 compliance with all the conditions of probation.

27 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
28 of the preceding quarter.

1 14. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

3 Respondent shall comply with the Board's probation unit and all terms and conditions of
4 this Decision.

5 Address Changes

6 Respondent shall, at all times, keep the Board informed of Respondent's business and
7 residence addresses, email address (if available), and telephone number. Changes of such
8 addresses shall be immediately communicated in writing to the Board or its designee. Under no
9 circumstances shall a post office box serve as an address of record, except as allowed by Business
10 and Professions Code section 2021(b).

11 Place of Practice

12 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
13 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
14 facility.

15 License Renewal

16 Respondent shall maintain a current and renewed California physician's and surgeon's
17 license.

18 Travel or Residence Outside California

19 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
20 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
21 (30) calendar days.

22 In the event Respondent should leave the State of California to reside or to practice
23 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
24 departure and return.

25 15. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
26 available in person upon request for interviews either at Respondent's place of business or at the
27 probation unit office, with or without prior notice throughout the term of probation.

28 16. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

1 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
2 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
3 defined as any period of time Respondent is not practicing medicine in California as defined in
4 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
5 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
6 time spent in an intensive training program which has been approved by the Board or its designee
7 shall not be considered non-practice. Practicing medicine in another state of the United States or
8 Federal jurisdiction while on probation with the medical licensing authority of that state or
9 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
10 not be considered as a period of non-practice.

11 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
12 months, Respondent shall successfully complete a clinical training program that meets the criteria
13 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
14 Disciplinary Guidelines" prior to resuming the practice of medicine.

15 Respondent's period of non-practice while on probation shall not exceed two (2) years.

16 Periods of non-practice will not apply to the reduction of the probationary term.

17 Periods of non-practice will relieve Respondent of the responsibility to comply with the
18 probationary terms and conditions with the exception of this condition and the following terms
19 and conditions of probation: Obey All Laws; and General Probation Requirements.

20 17. COMPLETION OF PROBATION. Respondent shall comply with all financial
21 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
22 completion of probation. Upon successful completion of probation, Respondent's certificate shall
23 be fully restored.

24 18. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
25 of probation is a violation of probation. If Respondent violates probation in any respect, the
26 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
27 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
28 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have

1 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
2 the matter is final.

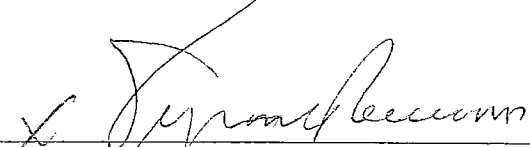
3 19. LICENSE SURRENDER. Following the effective date of this Decision, if
4 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
5 the terms and conditions of probation, Respondent may request to surrender his or her license.
6 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
7 determining whether or not to grant the request, or to take any other action deemed appropriate
8 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
9 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
10 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
11 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
12 application shall be treated as a petition for reinstatement of a revoked certificate.

13 20. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
14 with probation monitoring each and every year of probation, as designated by the Board, which
15 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
16 California and delivered to the Board or its designee no later than January 31 of each calendar
17 year.

18
19 ACCEPTANCE


20 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
21 discussed it with my attorney, Duane R. Folke, Esq. I understand the stipulation and the effect it
22 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
23 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
24 Decision and Order of the Medical Board of California.

25
26 DATED: October 17, 2014


27 TYRON C. REECE, M.D.
28 Respondent

1 I have read and fully discussed with Respondent TYRON C. REECE, M.D. the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
3 I approve its form and content.

4
5 DATED:

October 7, 2014

DUANE R. FOLKE, ESQ.
Attorney for Respondent

7 ENDORSEMENT

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
9 submitted for consideration by the Medical Board of California.

10 Dated:

11 *October 7, 2014*

Respectfully submitted,

12 KAMALA D. HARRIS
Attorney General of California
13 E. A. JONES III
Supervising Deputy Attorney General

14 

15 CHRIS LEONG
16 Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 11-2010-211926

1 KAMALA D. HARRIS
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CHRIS LEONG
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4 State Bar No. 141079
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO NOV 14, 2013
BY W. J. [Signature] ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 11-2010-211926

TYRON C. REECE, M.D.
321 E. Hillcrest Blvd.,
Inglewood, California 90301

ACCUSATION

Physician's and Surgeon's Certificate No. A 31509

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California (Board).
2. On or about September 1, 1977, the Board issued Physician's and Surgeon's Certificate Number A 31509 to TYRON C. REECE, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2015, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

1
2 4. Section 2234 of the Code, states:

3 "The board shall take action against any licensee who is charged with unprofessional
4 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
5 limited to, the following:

6 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
7 violation of, or conspiring to violate any provision of this chapter.

8 "(b) Gross negligence.

9 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
10 omissions. An initial negligent act or omission followed by a separate and distinct departure from
11 the applicable standard of care shall constitute repeated negligent acts.

12 "(1) An initial negligent diagnosis followed by an act or omission medically
13 appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

14 "(2) When the standard of care requires a change in the diagnosis, act, or omission
15 that constitutes the negligent act described in paragraph (1), including, but not limited to, a
16 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs
17 from the applicable standard of care, each departure constitutes a separate and distinct
18 breach of the standard of care.

19 "(d) Incompetence.

20 "(e) The commission of any act involving dishonesty or corruption which is substantially
21 related to the qualifications, functions, or duties of a physician and surgeon.

22 "(f) Any action or conduct which would have warranted the denial of a certificate.

23 "(g) The practice of medicine from this state into another state or country without meeting
24 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
25 apply to this subdivision. This subdivision shall become operative upon the implementation of the
26 proposed registration program described in Section 2052.5.

27 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
28 participate in an interview scheduled by the mutual agreement of the certificate holder and the

1 board. This subdivision shall only apply to a certificate holder who is the subject of an
2 investigation by the board."

3 5. Section 2227 of the Code states:

4 "(a) A licensee whose matter has been heard by an administrative law judge of the Medical
5 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
6 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
7 action with the board, may, in accordance with the provisions of this chapter:

8 "(1) Have his or her license revoked upon order of the board.

9 "(2) Have his or her right to practice suspended for a period not to exceed one year
10 upon order of the board.

11 "(3) Be placed on probation and be required to pay the costs of probation monitoring
12 upon order of the board.

13 "(4) Be publicly reprimanded by the board. The public reprimand may include a
14 requirement that the licensee complete relevant educational courses approved by the board.

15 "(5) Have any other action taken in relation to discipline as part of an order of
16 probation, as the board or an administrative law judge may deem proper.

17 "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
18 review or advisory conferences, professional competency examinations, continuing education
19 activities, and cost reimbursement associated therewith that are agreed to with the board and
20 successfully completed by the licensee, or other matters made confidential or privileged by
21 existing law, is deemed public, and shall be made available to the public by the board pursuant to
22 Section 803.1."

23 6. Section 2236 of the Code states:

24 A(a) The conviction of any offense substantially related to the qualifications, functions, or
25 duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
26 chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive
27 evidence only of the fact that the conviction occurred.

1 A(b) The district attorney, city attorney, or other prosecuting agency shall notify the
2 Division of Medical Quality of the pendency of an action against a licensee charging a felony or
3 misdemeanor immediately upon obtaining information that the defendant is a licensee. The notice
4 shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting
5 agency shall also notify the clerk of the court in which the action is pending that the defendant is a
6 licensee, and the clerk shall record prominently in the file that the defendant holds a license as a
7 physician and surgeon.

8 A(c) The clerk of the court in which a licensee is convicted of a crime shall, within 48
9 hours after the conviction, transmit a certified copy of the record of conviction to the board. The
10 division may inquire into the circumstances surrounding the commission of a crime in order to fix
11 the degree of discipline or to determine if the conviction is of an offense substantially related to
12 the qualifications, functions, or duties of a physician and surgeon.

13 A(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to
14 be a conviction within the meaning of this section and Section 2236.1. The record of conviction
15 shall be conclusive evidence of the fact that the conviction occurred.@

16 7. Section 2238 of the Code states:

17 AA violation of any federal statute or federal regulation or any of the statutes or regulations
18 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
19 conduct.@

20 8. Section 725 of the Code states:

21 "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering
22 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated
23 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of
24 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,
25 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist,
26 or audiologist.

27 "(b) Any person who engages in repeated acts of clearly excessive prescribing or
28 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of

1 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by
2 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and
3 imprisonment.

4 "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or
5 administering dangerous drugs or prescription controlled substances shall not be subject to
6 disciplinary action or prosecution under this section.

7 "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section
8 for treating intractable pain in compliance with Section 2241.5."

9 9. Section 650 of the Code states:

10 "(a) Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of
11 the Health and Safety Code, the offer, delivery, receipt, or acceptance by any person licensed
12 under this division or the Chiropractic Initiative Act of any rebate, refund, commission,
13 preference, patronage dividend, discount, or other consideration, whether in the form of money or
14 otherwise, as compensation or inducement for referring patients, clients, or customers to any
15 person, irrespective of any membership, proprietary interest, or coownership in or with any person
16 to whom these patients, clients, or customers are referred is unlawful.

17 "(b) The payment or receipt of consideration for services other than the referral of patients
18 which is based on a percentage of gross revenue or similar type of contractual arrangement shall
19 not be unlawful if the consideration is commensurate with the value of the services furnished or
20 with the fair rental value of any premises or equipment leased or provided by the recipient to the
21 payer.

22 "(c) The offer, delivery, receipt, or acceptance of any consideration between a federally
23 qualified health center, as defined in Section 1396d(l)(2)(B) of Title 42 of the United States Code,
24 and any individual or entity providing goods, items, services, donations, loans, or a combination
25 thereof to the health center entity pursuant to a contract, lease, grant, loan, or other agreement, if
26 that agreement contributes to the ability of the health center entity to maintain or increase the
27 availability, or enhance the quality, of services provided to a medically underserved population
28

1 served by the health center, shall be permitted only to the extent sanctioned or permitted by
2 federal law.

3 “(d) Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of
4 the Health and Safety Code and in Sections 654.1 and 654.2 of this code, it shall not be unlawful
5 for any person licensed under this division to refer a person to any laboratory, pharmacy, clinic
6 (including entities exempt from licensure pursuant to Section 1206 of the Health and Safety
7 Code), or health care facility solely because the licensee has a proprietary interest or coownership
8 in the laboratory, pharmacy, clinic, or health care facility, provided, however, that the licensee's
9 return on investment for that proprietary interest or coownership shall be based upon the amount
10 of the capital investment or proportional ownership of the licensee which ownership interest is not
11 based on the number or value of any patients referred. Any referral excepted under this section
12 shall be unlawful if the prosecutor proves that there was no valid medical need for the referral.

13 “(e) Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of
14 the Health and Safety Code and in Sections 654.1 and 654.2 of this code, it shall not be unlawful
15 to provide nonmonetary remuneration, in the form of hardware, software, or information
16 technology and training services, as described in subsections (x) and (y) of Section 1001.952 of
17 Title 42 of the Code of Federal Regulations, as amended October 4, 2007, as published in the
18 Federal Register (72 Fed. Reg. 56632 and 56644), and subsequently amended versions.

19 “(f) "Health care facility" means a general acute care hospital, acute psychiatric hospital,
20 skilled nursing facility, intermediate care facility, and any other health facility licensed by the
21 State Department of Public Health under Chapter 2 (commencing with Section 1250) of Division
22 2 of the Health and Safety Code.

23 “(g) A violation of this section is a public offense and is punishable upon a first conviction
24 by imprisonment in a county jail for not more than one year, or by imprisonment pursuant to
25 subdivision (h) of Section 1170 of the Penal Code, or by a fine not exceeding fifty thousand
26 dollars (\$50,000), or by both that imprisonment and fine. A second or subsequent conviction is
27 punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or by
28 that imprisonment and a fine of fifty thousand dollars (\$50,000).”

INTRODUCTION

10. This Accusation involves prescriptions for medications regulated by the Comprehensive Drug Abuse Prevention and Control Act, passed into law in 1970. Title II of this law, the Controlled Substances Act, is the legal foundation of narcotics enforcement in the United States. The Controlled Substances Act regulates the manufacture, possession, movement, and distribution of drugs in our country. The Controlled Substances Act places all drugs into one of five schedules, or classifications, and is controlled by the Department of Justice and the Department of Health and Human Services, including the Federal Drug Administration. In 1972, California followed the federal lead by adopting the Uniform Controlled Substance Act. (Government Code §11153 et seq.).

11. The following delineates the five schedules with examples of drugs, medications, and information about each.

12. Schedule I Drugs

These drugs have NO safe, accepted medical use in the United States. This schedule includes drugs such as heroin, ecstasy, LSD, and crack cocaine. Schedule I drugs have a high tendency for abuse and have no accepted medical use. Pharmacies do not sell Schedule I drugs, and they are not available with a prescription by physician.

13. Schedule II Drugs

Schedule II drugs have a high tendency for abuse, may have an accepted medical use, and can produce dependency or addiction with chronic use. Of all legal prescription medications, Schedule II controlled substances have the highest abuse potential. These drugs can cause severe psychological or physical dependence. Schedule II drugs include certain narcotic, stimulant, and depressant drugs. Examples of Schedule II drugs include cocaine, opium, morphine, fentanyl, amphetamines, and methamphetamines.

Schedule II drugs may be available with a prescription by a physician, but not all pharmacies may carry them. These drugs require more stringent records and storage procedures than drugs in Schedules III and IV.

1 14. **Schedule III Drugs**

2 Schedule III drugs have less potential for abuse or addiction than drugs in the first two
3 schedules and have a currently accepted medical use. The abuse of Schedule III drugs may lead to
4 moderate to high psychological dependence.

5 Examples of Schedule III drugs include codeine, hydrocodone with acetaminophen, or
6 anabolic steroids. Schedule III drugs may be available with a prescription, but not all pharmacies
7 may carry them.

8 15. **Schedule IV Drugs**

9 Schedule IV drugs have a low potential for abuse that leads only to limited physical
10 dependence or psychological dependence relative to drugs in Schedule III. Schedule IV drugs
11 have a currently accepted medical use and have limited addictive properties. Schedule IV drugs
12 have the same restrictions as Schedule III drugs.

13 Examples of Schedule IV drugs include xanax, valium, phenobarbital, and rohypnol
14 (commonly known as the "date rape" drug). These drugs may be available with a prescription, but
15 not all pharmacies may carry them.

16 16. **Schedule V Drugs**

17 Schedule V drugs have a lower chance of abuse than Schedule IV drugs, have a currently
18 accepted medical use in the United States, and lesser chance of dependence compared to Schedule
19 IV drugs. This schedule includes such drugs as cough suppressants with codeine.

20 **CONTROLLED SUBSTANCES AND DANGEROUS DRUGS**

21 17. **Xanax** is a dangerous drug pursuant to Code section 4022. It is a Schedule IV
22 Controlled Substance as designated by Health and Safety Code section 11057, subdivision (d)(1).
23 Its generic name is Alprazolam and is used to relieve anxiety.

24 18. **Hydrocodone** (as designated by Health and Safety Code section 11056,
25 subdivision (e)(4))/APAP is an analgesic combination of a narcotic, Hydrocodone, and
26 Acetaminophen. Acetaminophen, often abbreviated as APAP, is a peripherally acting analgesic
27 agent found in many combination products and also available by itself. This combination product
28 is used to treat moderate to moderately severe pain. In the U.S., formulations containing more

1 than 15 mg hydrocodone per dosage unit are considered Schedule II drugs. Those containing less
2 than or equal to 15 mg per dosage unit in combination with acetaminophen or another non-
3 controlled drug are called hydrocodone compounds and are considered Schedule III drugs.
4 Hydrocodone (as designated by Health and Safety Code section 11055, subdivision (b)(1))(I) is
5 not available in pure form in the United States due to a separate regulation. Hydrocodone is
6 always sold combined with another drug. Hydrocodone is a dangerous drug within the meaning
7 of code section 4022.

8 19. Promethazine with codeine is a dangerous drug pursuant to section 4022 of the
9 Code. It is a Schedule IV controlled substance, as designated by Health and Safety Code section
10 11057, subdivision (f)(4).

11 FIRST CAUSE FOR DISCIPLINE

12 (Conviction of Substantially Related Crimes)

13 20. Respondent is subject to disciplinary action under section 2236 of the Code in that he
14 has been convicted of crimes which are substantially related to the qualifications, functions, or
15 duties of a physician and surgeon. The circumstances are as follows:

16 21. Since in or around 2006, Respondent has been writing prescriptions for controlled
17 substances for money without seeing the patient. At various times, Respondent would receive a
18 list containing, among other information, names of patients from about five individuals.
19 Respondent would write prescriptions for controlled substances for the named patients. The
20 prescriptions were taken to a pharmacy where they were filled for individuals, other than the
21 named patients. Respondent received approximately \$60.00 for each prescription as more
22 specifically set forth in paragraph 22 below.

23 22. On August 12, 2011, in the United States District Court, Southern District of
24 California, Respondent was charged in count 1 of an indictment in a case entitled *United States*
25 *vs. Tyron Reece, et al.*, case number 11CR3588-AJB, with conspiracy to distribute controlled
26 substances, in violation of Title 21, United States Code, Section 841(a)(1). The indictment plead
27 in part as follows:
28

1 **"CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCES**

2 "2. Beginning on a date unknown to the grand jury and continuing up to and
3 including August 10, 2011, within the Southern District of California, and elsewhere,
4 defendants ANTHONY WRIGHT, aka "Sam," CHARLES DABNEY, TYRON
5 REESE, MOSES BLACKMON, KIM MARTIN, and GLENN REYNALDO, did
6 knowingly and intentionally conspire and agree with Milton Farmer, charged
7 elsewhere, and each other and with others known and unknown to the grand jury, to
8 distribute controlled substances all in violation of Title 21, United States Code,
9 Section 841(a)(1).

10 **"MANNER AND MEANS**

11 **"ROLES OF THE DEFENDANTS**

12 "3. Defendant ANTHONY WRIGHT paid defendants MOSES BLACKMON and
13 GLENN REYNALDO cash for fraudulent medical prescriptions issued by TYRON
14 REECE which were used to illegally acquire Scheduled pharmaceutical drugs from co-
15 conspirators working at Dabney Pharmacy.

16 "4. Defendant CHARLES DABNEY, who was the manager of Dabney Pharmacy
17 since 1989, in exchange for cash, processed and filled defendant ANTHONY
18 WRIGHT's fraudulent medical prescriptions at the rate of approximately 90
19 prescriptions a week.

20 "5. Defendant TYRON REECE, a medical doctor licensed to practice medicine in
21 California, sold fraudulent medical prescriptions for 100 tablets of hydrocodone
22 (Schedule III), 100 tablets alprazolam (Schedule IV) and 1 pint of promethazine with
23 codeine (Schedule V) to defendants MOSES BLACKMON and GLENN REYNALDO
24 in exchange for \$60.00 cash on multiple occasions.

25 "6. Defendant KIM MARTIN, a receptionist/clerk at Dabney Pharmacy, received
26 and processed defendant ANTHONY WRIGHT's fraudulent prescriptions in exchange
27 for cash payments from defendant ANTHONY WRIGHT.
28

"OVERT ACTS

"7. In furtherance of said conspiracy, and to effect the objects thereof, the following overt acts, among others, were committed within the Southern District of California, and elsewhere:

"a) On or about March 21, 2010, in Los Angeles, California, during a telephone conversation, defendant KIM MARTIN informed defendant ANTHONY WRIGHT that she had given fraudulent medical prescriptions to defendant CHARLES DABNEY for processing.

"b) "On about August 12, 2010, in Los Angeles, California, defendant TYRON REECE issued medical prescriptions to an individual for 100 tablets of hydrocodone (Schedule III), 100 tablets alprazolam (Schedule IV) and 1 pint of promethazine with codeine (Schedule V), without conducting a medical examination.

"c) On or about August 25, 2010, in San Diego, California, during a telephone conversation, defendant ANTHONY WRIGHT offered to sell tablets of oxycodone to a confidential source for \$25.00 a tablet.

"d) On or about November 29, 2010, in Los Angeles, California, during a telephone conversation, defendant MOSES BLACKMON informed defendant ANTHONY WRIGHT that she had fifteen prescriptions available for immediate delivery to ANTHONY WRIGHT.

"e) On or about March 14, 2011, in Los Angeles, California, during a telephone conversation, defendants CHARLES DABNEY and ANTHONY WRIGHT discussed how DABNEY maintained list of names for defendant ANTHONY WRIGHT to use to acquire fraudulent medical prescriptions.

"f) On or about March 28, 2011, in Los Angeles, California, during a telephone conversation, defendant GLENN REYNALDO informed ANTHONY WRIGHT that he would facilitate the delivery of fraudulent medical prescriptions to defendant KIM MARTIN at Dabney Pharmacy."

23. On August 12, 2011, a Warrant for the Arrest of Respondent was filed in the United States District Court. On August 16, 2011, Respondent was arrested by the U.S. Marshall.

24. On November 1, 2012, in the United States District Court, Southern District of California, Respondent entered a plea of guilty to count 1 of the indictment.

25. On November 1, 2012, a Findings and Recommendation of the Magistrate Judge Upon a Plea of Guilty, was signed by Hon. Jan M. Adler, United States Magistrate Judge.

26. On November 19, 2012, an Order Accepting Guilty Plea, was signed by Hon. Anthony J. Battaglia, U.S. District Court Judge.

27. On September 19, 2013, the United States District Court Judge signed a Joint Motion Continuing the Sentencing of Respondent.

SECOND CAUSE FOR DISCIPLINE

(Commission of Acts Involving Dishonesty or Corruption)

28. By reason of the allegations set forth above, in paragraphs 21 through 27, which are incorporated herein as if fully set forth, Respondent is subject to disciplinary action under section 2234, subdivision (e), of the Code in that he has committed acts involving dishonesty or corruption which are substantially related to the qualifications, functions, or duties of a physician and surgeon.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

29. By reason of the allegations set forth above, in paragraphs 21 through 27, which are incorporated herein as if fully set forth, Respondent is subject to disciplinary action for excessive prescribing, in violation of section 725 of the Code.

FOURTH CAUSE FOR DISCIPLINE

(Rebates for Patient Referrals)

30. By reason of the allegations set forth above, in paragraphs 21 through 27, which are incorporated herein as if fully set forth, Respondent is subject to disciplinary action for receiving rebates for patient referrals in violation of section 650 of the Code. More specifically, Respondent, in effect, referred patients to the pharmacy, by writing prescriptions which were

delivered to the pharmacy, in exchange for cash payments.

FIFTH CAUSE FOR DISCIPLINE

(Violation of Drug Statutes)

31. By reason of the allegations set forth above, in paragraphs 21 through 27, Respondent is subject to disciplinary action for unprofessional conduct under section 2238 of the Code.

SIXTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

32. By reason of the allegations set forth above, in paragraphs 21 through 31, Respondent is subject to disciplinary action for unprofessional conduct under section 2234 of the Code.

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 31509, issued to Tyron C. Reece, M.D.;
2. Revoking, suspending or denying approval of Tyron C. Reece, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Tyron C. Reece, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: November 14, 2013


KIMBERLY KIRCHMEYER
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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